

AKRON BOARD OF ZONING APPEALS

To: The Board of Zoning Appeals, Akron, Ohio Date: _____

The undersigned (circle one) **owner / holder of option / lessee** / _____
of the property herein involved, does hereby petition for a variance of the Zoning Code to the
Board of Zoning Appeals.

SUPPORTING INFORMATION

IF ALL THE APPLICABLE PROVISIONS BELOW ARE NOT SUPPLIED WITH THIS PETITION,
NORMAL PROCESSING WILL NOT OCCUR UNTIL ALL ITEMS ARE SUBMITTED.

1. The property is addressed as (or has frontage on): _____

2. I am requesting permission to: _____

3. My reasons for this request are: _____

4. Attach two (2) sets of plans **drawn to scale** including:

Street names and addresses	Parking	Landscaping	Building elevations
Location of property	Circulation drives	Yards	Signs
Location of building(s)	Traffic access	Open space	Utilities
Dimensions of property and building(s)	Loading areas	Interior arrangement	Refuse & service areas

5. Attach **photographs** of the existing site, sufficiently labeled.

6. If plans were drawn using AutoCAD, please submit a copy on a **CD-ROM**. (See specification list.)
Please label the disk with the name of applicant and the site address.

PRINT / TYPE name of **OWNER(S)**

SIGNATURE: _____

Address: _____

City, State: _____

Zip: _____ Phone: () _____

Email: _____

PRINT / TYPE name of **__Holder of option __Lessee**

SIGNATURE: _____

Address: _____

City, State: _____

Zip: _____ Phone: () _____

Email: _____

ALSO NOTIFY:

PRINT or TYPE name

Relationship to Petitioner (agent, attorney, principal, etc.)

SIGNATURE: _____

Address: _____

City, State: _____

Zip: _____ Phone: (_____) _____

Email: _____

ALSO NOTIFY:

PRINT or TYPE name

Relationship to Petitioner (agent, attorney, principal, etc.)

SIGNATURE: _____

Address: _____

City, State: _____

Zip: _____ Phone: (_____) _____

Email: _____

A NON-REFUNDABLE FILING FEE shall accompany this petition upon submittal to

The Department of Planning and Urban Development
Municipal Building Room 405, 166 S. High Street, Akron, OH 44308-1628

Please make CHECKS PAYABLE to City of Akron.

DO NOT WRITE BELOW THIS LINE

Reason(s) for requiring an Appeal or Application is/are: _____

Signature of Zoning Manager

This is to certify that a fee of \$ _____ has been received for investigation incident to this proposal. (\$75.00)

Receipt # _____

Appeal # _____ -2017-Z

Councilperson _____ Ward _____

COUNCIL TIME STAMP

Signature of City Employee

Title

ZONING TIME STAMP

2017

AKRON BOARD OF ZONING APPEALS

<u>MEETING</u>	<u>FILE DATE</u>
JANUARY 25, 2017	DECEMBER 8, 2016
FEBRUARY 22, 2017	JANUARY 18, 2017
MARCH 29, 2017	FEBRUARY 15, 2017
APRIL 26, 2017	MARCH 22, 2017
MAY 24, 2017	APRIL 19, 2017
JUNE 21, 2017	MAY 17, 2017
JULY 26, 2017	JUNE 21, 2017
AUGUST 30, 2017	JULY 26, 2017
OCTOBER 4, 2017	AUGUST 30, 2017
OCTOBER 25, 2017	SEPTEMBER 20, 2017
NOVEMBER 29, 2017	OCTOBER 25, 2017
DECEMBER 20, 2017	NOVEMBER 22, 2017

In order to become ELIGIBLE for placement on the above meeting dates, the accompanying petition/appeal must meet all of the requirements as listed in the petition/appeal. Submission on or before the file date does not guarantee placement on the corresponding meeting's agenda but enables you to become eligible for the meeting.